MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40490

File No. 4856

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City, Mo. (No. 2743 Chelsea St. Ward)

2. FULL NAME Harry L. Schmidlapp

(a) Residence. No. 2743 Chelsea St., 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nina J. Schmidlapp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Officer Humane Society
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Kansas City

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Jefferson Co. Indiana

PARENTS

10. NAME OF FATHER John C. Schmidlapp

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Lena Kunkel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Nina J. Schmidlapp
(Address) 2743 Chelsea

15. FILED 12-2-1928 M. M. Crane REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1928, to Dec 1, 1928, that I last saw b. alive on Dec 1st, 1928, and that death occurred, on the date stated above, at 7:10 A.m. 1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Lobar)
108
8a.m.
DAR
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Sputum Taken

12-2, 1928 (Signed) D. H. Kessinger, M. D.
(Address) 4800 E 24th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Moriah — DATE OF BURIAL 12/2/28, 19

20. UNDERTAKER P. Lindsay Sons — ADDRESS City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD